

Lecture Vol. 20 # 4A May 31, 1989 cover

Statement

By

C. Everett Koop, MD, ScD.

Surgeon General

U.S. Public Health Service

U.S. Department of Health and Human Services

Surgeon General's Workshop on Drunk Driving:
Proceedings

May 31, 1989

This is included in the archive, because it is a natural and necessary follow-up to the three documents that appear here under the dates of December 14, 1988, and December 16, 1988. The latter being a report to a Senate Committee on what had happened at the Surgeon General's Conference on Drunk Driving and why the report had been delayed to the date of this press release.

In those previous three documents, I made it clear what our problems were with the brewers and the vintners, the broadcasters and the advertisers and I will not repeat those unhappy memories here.

The most important information in this document after a few remarks on statistics by way of preamble are the ten key summary recommendation that I endorsed and what the Congress was asked to support. These ten summary recommendations collectively have the potential for saving thousands of lives. They are all based on logic and common sense. Most are supported by more than one of the eleven expert panels, and many had research to document their effectiveness.

I then gave a comment on many of the key recommendations, backing it up with research statistics, epidemiology, and so forth.

The user will also find here that studies have shown many drivers become alcohol impaired at restaurants, bars, stadiums, and other public facilities. To reduce this problem, I had suggested five actions that should be taken.

In reference to marketing and advertising practices for alcoholic beverages, which at that time clearly sent a wrong message about alcohol consumption to the wrong audience, I had four practices, which should be followed.

I also added three other recommendations; one concerning treatment for persons with alcohol related problems, the next, culturally appropriate interventions need to be developed for certain populations, and finally, national, state, and local coalitions were crucial to the success of impaired driving prevention.

I announced that I had seed money from the McGovern Foundation and had convened a planning group on the third recommendation above.

Also included was an announcement that I had plans to distribute the proceedings that were included in the press kits for the large press that was present. The first group, of course, was the United States Congress. It must act in concert with federal government agencies, state legislatures, state and local governments, educational professional advocacy organizations, and the private sector. Such a powerful alliance could bring about change.

I closed with a comment that I was the nation's Surgeon General and not the nation's Chaplain. Nevertheless, I thought we should pray that all those who were caught between their conscious and their pocketbooks, as I made clear in the three previous documents having to do with this issue would make the right choices.

That was not only my swan song in reference to press conferences, but is the last document related to public pronouncements made during my two terms as Surgeon General.

Everything that follows herein was done when I was in the private sector, or about to enter it.

For someone who had been as busy speaking to the public, as I had been, it may seem a long time from the 31st of May until the October 1st. I did speak publicly, four times after May 31st and gave my last talk at Harvard Medical School as the first annual Robert E. Gross Memorial Lecture on the 12th of June.

Let me remind you of the political climate. Mr. Reagan had left the office of President and George H. W. Bush was in power. Practically every medical organization in America had lobbied for my appointment as Secretary of Health and Human Services, a position I would love to have had and one for which I thought I was eminently qualified. After all, I had been understudying the job for eight solid years. I had lived through the transition from Mr. Carter to Mr. Reagan and it was smooth and gentlemanly. The transition from Mr. Reagan to Mr. Bush was rough and contentious. I was essentially eleven months out of sync with President Reagan, so I did not leave when he did, but served under President Bush from his inauguration in January until the 1st of October. I continued to do my job, as best I could and while the new team was getting organized, I continued to work at high efficiency and was pleased with the results. However, the more comfortable the new team became, the unfriendlier was the atmosphere. People said nice things about me, but their actions belied their words. Secretary Sullivan excluded me from the Executive Dining Room, terminated my schedule A special assistant, and my schedule A scheduler. I notified the President five months before my expected departure, urging him in the ample time he had to appoint and have confirmed my successor, so that there would be a transition in a very crucial time of health problems in the country and in the world, without a break. He never responded to my letter, and I actually resigned my post forty-six days before my term expired, but they would have been forty-six days of inactivity, and that's not what I had come to Washington for. I continued to be active in the things in which I was interested and was in tremendous demand as a lecturer, consultant, and so forth. Indeed, in the spring after my resignation, I turned down the opportunity to receive thirty honorary degrees. I established offices in Bethesda, Maryland and in addition to the aforementioned activities, ran

the Ready to Learn Program for the Carnegie Foundation in Princeton, NJ from the Bethesda site until shortly before the Clinton inauguration.